

ADULT RE-ASSESSMENT

Purpose:

- ☐ Tri-Annual
☐ Returning to Treatment

Date Re-Assessment Started: _____

Assessing Practitioner (Name and Discipline): _____

Date of client's Full Assessment to be used as the baseline for this Re-Assessment: _____

Date of client's most recent Re-Assessment (if applicable): _____

Other Sources for Re-Assessment Information: _____

I. Reason for Referral/Chief Complaint

Describe precipitating event(s)/Reason for Referral:

- ☐ Tri-Annual – same as Full Assessment ☐ Returning to Treatment – updates include the following: (describe below)

Current symptoms/behaviors (intensity, duration and frequency)

Current Impairments in Life Functioning associated with Symptoms/Behaviors (include the perspective of the client and the perspective of others)

Client Strengths (to assist in achieving treatment goals)

II. Mental Health History:

History of Problem Prior to Precipitating Event: Include treated and non-treated history.

- ☐ Tri-Annual – same as Full Assessment ☐ Returning to Treatment - updates include the following: (describe below)

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Psychiatric Hospitalizations:

☐ No Updates ☐ Updates include the following: (describe below)

Outpatient Treatment:

III. Medications:

Medications (Name, dosage, frequency, period taken, effectiveness, response, side-effects, reactions)

☐ See Medication Note dated _____ ☐ Updates include the following: (describe below)

IV. Substance Use/Abuse:

☐ No Updates ☐ Updates include the following: (describe below)
(If applicable: Completed COD Assessment dated _____)

V. Medical History:

Date of Last Physical Exam: _____

☐ No Updates ☐ Updates include the following: (describe below)

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VI. Psychosocial History

Please state specifically how Mental Health status directly impacts each area below. Be sure to include the client's strengths in each area.

Education

Motivation, education goals, literacy skill level, general knowledge skill level, math skill level, school problems, etc:

☐ No Updates ☐ Updates include the following: (describe below)

Employment History, Readiness for Employment and Means of Financial Support

Work related problems, volunteer work, money management, source of income, longest period of employment, etc:

☐ No Updates ☐ Updates include the following: (describe below)

Legal History and Current Legal Status

Arrests/DUI, probation, convictions, divorce, conservatorship, parole, child custody, etc:

☐ No Updates ☐ Updates include the following: (describe below)

Current Living Arrangement and Social Support Systems

Type of living setting, problems at setting, community, religious, government agency, or other types of support, etc:

☐ No Updates ☐ Updates include the following: (describe below)

Dependent Care Issues

Ages of children, school attendance/behavior problems of children, special needs of dependents, foster care/group home placement issues, child support, etc:

☐ No Updates ☐ Updates include the following: (describe below)

Family and Relationships

Family constellation, family of origin, family dynamics, cultural factors, nature of relationships, domestic violence, physical or sexual abuse, home safety issues, family medical history, family legal/criminal issues

☐ No Updates ☐ Updates include the following: (describe below)

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VII. Mental Status Evaluation

Instructions: Check all descriptions that apply

General Description

Grooming & Hygiene: ☐ Well Groomed
☐ Average ☐ Dirty ☐ Odorous ☐ Disheveled
☐ Bizarre
 Comments:

Eye Contact: ☐ Normal for culture
☐ Little ☐ Avoids ☐ Erratic
 Comments:

Motor Activity: ☐ Calm ☐ Restless
☐ Agitated ☐ Tremors/Tics ☐ Posturing ☐ Rigid
☐ Retarded ☐ Akathesis ☐ E.P.S.
 Comments:

Speech: ☐ Unimpaired ☐ Soft
☐ Slowed ☐ Mute ☐ Pressured ☐ Loud
☐ Excessive ☐ Slurred ☐ Incoherent
☐ Poverty of Content
 Comments:

Interactional Style: ☐ Culturally congruent
☐ Cooperative ☐ Sensitive
☐ Guarded/Suspicious ☐ Overly Dramatic
☐ Negative ☐ Silly
 Comments:

Orientation: ☐ Oriented
☐ Disoriented to:
☐ Time ☐ Place ☐ Person ☐ Situation
 Comments:

Intellectual Functioning: ☐ Unimpaired
☐ Impaired
 Comments:

Memory: ☐ Unimpaired
☐ Impaired re: ☐ Immediate ☐ Remote ☐ Recent
☐ Amnesia
 Comments:

Fund of Knowledge: ☐ Average
☐ Below Average ☐ Above Average
 Comments:

Mood and Affect

Mood: ☐ Euthymic ☐ Dysphoric ☐ Tearful
☐ Irritable ☐ Lack of Pleasure
☐ Hopeless/Worthless ☐ Anxious
☐ Known Stressor ☐ Unknown Stressor
 Comments:

Affect: ☐ Appropriate ☐ Labile ☐ Expansive
☐ Constricted ☐ Blunted ☐ Flat ☐ Sad
☐ Worried
 Comments:

Perceptual Disturbance

☐ None Apparent

Hallucinations: ☐ Visual ☐ Olfactory
☐ Tactile ☐ Auditory: ☐ Command
☐ Persecutory ☐ Other
 Comments:

Self-Perceptions: ☐ Depersonalizations
☐ Ideas of Reference
 Comments:

Thought Process Disturbances

☐ None Apparent

Associations: ☐ Unimpaired ☐ Loose
☐ Tangential ☐ Circumstantial ☐ Confabulous
☐ Flight of Ideas ☐ Word Salad
 Comments:

Concentration: ☐ Intact ☐ Impaired by:
☐ Rumination ☐ Thought Blocking
☐ Clouding of Consciousness ☐ Fragmented
 Comments:

Abstractions: ☐ Intact ☐ Concrete
 Comments:

Judgments: ☐ Intact
☐ Impaired re: ☐ Minimum ☐ Moderate ☐ Severe
 Comments:

Insight: ☐ Adequate
☐ Impaired re: ☐ Minimum ☐ Moderate ☐ Severe
 Comments:

Serial 7's: ☐ Intact ☐ Poor
 Comments:

Thought Content Disturbance

☐ None Apparent

Delusions: ☐ Persecutory ☐ Paranoid ☐ Grandiose
☐ Somatic ☐ Religious ☐ Nihilistic
☐ Being Controlled
 Comments:

Ideations: ☐ Bizarre ☐ Phobic ☐ Suspicious
☐ Obsessive ☐ Blames Others ☐ Persecutory
☐ Assaultive Ideas ☐ Magical Thinking
☐ Irrational/Excessive Worry
☐ Sexual Preoccupation
☐ Excessive/Inappropriate Religiosity
☐ Excessive/Inappropriate Guilt
 Comments:

Behavioral Disturbance

☐ None ☐ Aggressive
☐ Uncooperative ☐ Demanding ☐ Demeaning
☐ Belligerent ☐ Violent ☐ Destructive
☐ Self-Destructive ☐ Poor Impulse Control
☐ Excessive/Inappropriate Display of Anger
☐ Manipulative ☐ Antisocial
 Comments:

Suicidality/Homicidality

Suicidal: ☐ Denies ☐ Ideation Only
☐ Threatening ☐ Plan
 Comments:

Homicidal: ☐ Denies ☐ Ideation Only
☐ Threatening ☐ Target ☐ Plan
 Comments:

Other

Passive: ☐ Amotivational ☐ Apathetic
☐ Isolated ☐ Withdrawn ☐ Evasive ☐ Dependent
 Comments:

Other: ☐ Disorganized ☐ Bizarre
☐ Obsessive/compulsive ☐ Ritualistic
☐ Excessive/Inappropriate Crying
 Comments:

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VIII. Summary and Diagnosis

I. Diagnostic Summary: (Be sure to include assessment for risk of suicidal/homicidal behaviors, significant strengths/weaknesses, observations/descriptions, symptoms/impairments in life functioning, i.e., Work, School, Home, Community, Living Arrangements, etc, and justification for diagnosis)

II. Diagnosis (check one Principle and one Secondary)

Axis I ☐ Prin ☐ Sec Code _____ Nomenclature _____
(Medications cannot be prescribed with a deferred diagnosis)

☐ Sec Code _____ Nomenclature _____
Code _____ Nomenclature _____
Code _____ Nomenclature _____
Code _____ Nomenclature _____

Axis II ☐ Prin ☐ Sec Code _____ Nomenclature _____
☐ Sec Code _____ Nomenclature _____
Code _____ Nomenclature _____

Axis III _____ Code _____
_____ Code _____
_____ Code _____

Axis IV Psychological and Environmental Problems which may affect diagnosis, treatment, or prognosis

Primary Problem #: ____

Check as many that apply:

- | | | | |
|--|---|---|---|
| 1. <input type="checkbox"/> Primary support group | 2. <input type="checkbox"/> Social environment | 3. <input type="checkbox"/> Educational | 4. <input type="checkbox"/> Occupational |
| 5. <input type="checkbox"/> Housing | 6. <input type="checkbox"/> Economics | 7. <input type="checkbox"/> Access to health care | 8. <input type="checkbox"/> Involve w/Legal Sys |
| 9. <input type="checkbox"/> Other psychosocial/environmental | 10. <input type="checkbox"/> Inadequate information | | |

Axis V Current GAF: _____ DMH Dual Diagnosis Code: _____

III. Specialty Mental Health Services Medical Necessity Criteria:

- | | |
|--|--|
| 1. Medi-Cal Specialty Mental Health Included Diagnosis | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Significant impairment in life functioning due to the Included Diagnosis | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Expectation that proposed interventions can impact the client's condition | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Condition will not be responsive to physical health care based treatment | <input type="checkbox"/> Yes <input type="checkbox"/> No |

IV. Disposition/Recommendations/Plan

V. Signatures

Assessor's Signature & Discipline

Date

Co-Signature & Discipline

Date

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